

# VERIFICATION OF EARNINGS

This form is acceptable for both City of Lansing, and MSHDA projects.

Name of Employee (person holding the job)?  <hr/> Address:  <hr/> City:                                      State:                                      Zip:  <hr/> Social Security Number of person holding the job:	What is the name of the business where the person holding the job is working?  <hr/> Business Address:  <hr/> City:                                      State:                                      Zip:
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**I authorize my employer to release the information below.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## This section to be filled out by the employer

Employee's name as it appears on your records:		Employee's Title, Position or Work:	
Current Average number of hours per week:	Straight Time:	Overtime Hours (if applicable):	Overtime is paid at rate of:
Current Rate of Pay: \$	Per:	Effective Date:	New Rate of Pay: \$
Amount of Bonus, Incentive Pay, Commission, and/or Tips:	\$	Per:	
Amount deducted for medical/hospital/insurance:	\$	Per (weekly, bi-monthly):	
If seasonal or sporadic employment, give lay-off periods:			
Does the employee receive any portion of a Federal Earned Income Tax Credit as part of their wages? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? \$			
Original Date of Employment:		Date Rehired or Recalled to Work:	Termination Date:
Firm or Employer Name:		Telephone Number:	
Business Address:		City:	State: Zip:
I understand that any false pretense, including any false statement or representation; or the fraudulent obtaining of money, real or personal property; or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any state or federally funded program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.			
Signature: _____ Title: _____ Date: _____			

